

Requirements for Provider Type 08-081 RHC

*Please note that all RHCs must be enrolled with CMS **prior** to enrollment with Pennsylvania Medicaid.*

Specialty Code

Please choose from the following for specialty and code;

- 081 – Rural Health Clinic (must be selected as the primary specialty)

Provider Eligibility Program (PEP)

Please choose the appropriate PEP(s) from the following:

- Fee-For-Service
- Healthy Beginnings + (can be selected by 08-081 RHC only)

Required Documents for RHC:

The following documents and supporting information are required by the Bureau of Fee-For-Service Programs to enroll your facility as a provider (please ensure all documents are legible):

- Completed application for enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an authorized representative
 - Completed Ownership or Control Interest Disclosure form
- Documentation from HRSA or CMS designating the RHC as being in a rural/ shortage area (supplementary documentation evidencing specific service location address is acceptable, such as a print-out of HRSA summary)
- Statement signed by the Medical Director, indicating its affiliation with the RHC
 - Medical Director must be a licensed physician participating with the PA Medicaid Program (see sample on page 2)
 - DOS license of Medical Director must accompany statement
- Documentation generated by IRS showing both the RHC's legal name and the FEIN—documentation must come from the IRS; this Department **does not** accept W-9s
- If RHC is tax-exempt, submit IRS 501 (c)(3) letter confirming this status
- For rate-setting facilitation, submit a copy of current Medicare Rate Letter
- Copy of Fee Schedule charged to private patients and all third party payers
- If Provider is Out-of-State, submit proof of current home state Medicaid participation
- If RHC operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau
- Copy of Corporation papers issued by Department of State Corporation Bureau or a copy of the business partnership agreement

RHCs (08-081) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission and the Medicare fee has been paid, send the application and documents to:

**DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov**

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Statement of Medical Director

I, (Physician's Name), serve as the Medical Director of Name of Enrolling Clinic, located at Street Address of Clinic. I am a licensed physician who participates in the Pennsylvania Medicaid Program, and my Provider ID number is: -----. Attached is a copy of my current Department of State license.

Original Signature of Medical Director